

2005 I.S.P. YOUTH SERVICES CAMP APPLICATION



INSTRUCTIONS: (1) **Print Clearly** and complete all information. (2) Application must be received **2 weeks** before camp begins. (3) No “walk-ons” will be accepted. (4) Check the box to the left of the camp you have selected. (5) 20% of the camp fee is **NON-REFUNDABLE**. Requests for refunds are only considered when received in writing two weeks prior to camp.

Name				Address			
City			State	Zip	Home Phone #:		
Camp Number	Age	Shirt Size	Birthdate: (year, month, day)		Grade	Sex	Emergency Name and Phone # :
Sponsor Name (If Applicable)				Sponsor Address (If Applicable)			
City			Zip	Sponsor Contact Person		Check #	
Have you attended an ISP camp before? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, which one			
Applicant's E-mail Address							
<p align="center">KIWANIS CAREER CAMP (Fee - \$170) Grades 9 - 12</p> <p><input type="checkbox"/> 1. Vincennes University - Boys Only (July 10 - 15) <input type="checkbox"/> 2. Saint Joseph's College - Girls Only (July 17 - 22)</p>							
<p align="center">LIONS LAW CAMP (Fee - \$95) Co-ed Grades 7 - 8</p> <p><input type="checkbox"/> 3. Vincennes University (July 6 - 9) <input type="checkbox"/> 4. Anderson University (July 13 - 16)</p>							
<p align="center">OPTIMIST RESPECT FOR LAW CAMP (Fee - \$75) Co-ed Grades 5 - 6</p> <p> <input type="checkbox"/> 5. Hanover College (June 23 - 25) <input type="checkbox"/> 8. Taylor University (Ft. Wayne) (July 7 - 9) <input type="checkbox"/> 11. Notre Dame University (July 28 - 30) <input type="checkbox"/> 6. Vincennes University (June 9 - 11) <input type="checkbox"/> 9. University of Southern Indiana (June 9 - 11) <input type="checkbox"/> 7. Anderson Univ. (July 14 - 16) <input type="checkbox"/> 10. University of Indianapolis (July 28 - 30) </p>							
<p>PARENTAL CONSENT: As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release from any such liability the Indiana State Police and ISP Youth Services, that may arise due to participation in the ISP Youth Services programs.</p> <p align="center">X _____ (Parent or Guardian Signature)</p>							
<p align="center">MEDICAL INFORMATION IN THIS AREA MUST BE COMPLETED</p> <p>As a parent or court appointed guardian of the applicant, I understand that first aid will be available at the conference and delegates will be closely supervised and if a serious injury/illness develops medical and/or hospital care will be given. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I will assume all responsibility for medical cost incurred as the result of sickness or injury.</p> <p>List all medical conditions/medications the camp director should be aware of: _____</p> <p>_____</p> <p>_____</p>							
<p align="right">Parent or Guardian Signature: X _____</p>							
Street Address _____				City/ST/Zip _____			
Insurance Carrier _____				Policy Number _____			

Only Checks or Money Orders Will Be Accepted

Indiana State Police Youth Services

8500 East 21st Street, Indianapolis, IN 46219 Phone 317-899-8293 or Toll Free 888-477-9688